



May 11, 2023

The Honorable Brett Guthrie
Chairman
Energy and Commerce Committee
Subcommittee on Health
Washington, D.C. 20515

The Honorable Anna Eshoo
Ranking Member
Energy and Commerce Committee
Subcommittee on Health
Washington, D.C. 20515

Dear Chairman Guthrie and Ranking Member Eshoo:

The Healthcare Leadership Council (HLC) appreciates the opportunity to provide comments in advance of a legislative hearing entitled "Preparing for and Responding to Future Public Health Security Threats."

HLC members, a coalition of chief executives from all sectors of healthcare, began working in earnest with the federal government back in 2019 to develop a cohesive private-public infrastructure to prepare for and respond to a major disaster with public health implications. In 2020, we began our collaboration with Dr. Mark McClellan and the Duke-Margolis Center for Health Policy to craft specific recommendations on readiness and response, and we were pleased to see many of those implemented through legislation or regulatory activity.

But major gaps still remain, and we cannot yet say that the country is adequately prepared for the next public health emergency.

The recommendations we are offering (full report attached) are intended to support the work being done on Capitol Hill and in the executive branch departments and agencies. They are intended to facilitate more effective interactions between the public sector and private sector health providers, manufacturers, distributors, and others that have the resources and expertise to protect public health in times of crisis. Here's a summary of the key recommendations:

- **Even with important progress in recent years, significant gaps in disaster readiness persist and our nation is not sufficiently prepared to respond to public health crises.** Private and public sectors have made strides in recent years on improving care delivery in emergency circumstances, strengthening data generation, and bolstering supply chain readiness. There are still, however, gaps and shortcomings that must be addressed – specifically, in critical areas like federal coordination for disaster response, availability of real-time information to guide response, and ensuring health system resiliency in times of crisis.
- **This is a multi-organizational, multi-sector initiative to improve American disaster readiness.** In addition to HLC, which is itself an alliance of leading companies from all health sectors, and the Duke-Margolis Center for Health Policy, a broad range of organizations provided insight and expertise to inform these recommendations. Governmental organizations, including the Administration for Strategic Preparedness and Response, the Centers for Disease Control and Prevention, and the Office of the National Coordinator for Health Information Technology participated in the development of this report.

- **The intent of this initiative is to contribute to the ongoing development of disaster preparedness policy.** These recommendations will be shared with members of Congress to contribute to the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA) and to relevant executive branch departments and agencies to help inform ongoing regulatory efforts to improve disaster preparedness.
- **It is critical to establish a single point of contact and coordination within the federal government to maintain a clear line of command, streamline public-private communications, and delineate the roles and responsibilities of federal agencies.** The Administration for Strategic Preparedness and Response (ASPR) within HHS should serve as the point of coordination for the health components of any disaster response. During an emergency, ASPR should be given clear authority and appropriate funds to coordinate disaster response activities of CMS, CDC, and other key agencies, and maintain a two-way communication system with the private sector to incorporate its expertise.
- **We know that steps must be taken to avoid shortages of medicines and critical healthcare supplies in moments of crisis.** We need real-time information on medical product inventories and supply chain capacity so that decisionmakers can allocate inventory to prevent shortages. We need a bidirectional system that achieves efficient data collection and disbursement, without unnecessary burdens on those asked to report that information. The Strategic National Stockpile should be more substantially and consistently funded and should engage manufacturers in longer-term committed contracts with frequent, scheduled ordering which would enable more rapid scale-up of production when needed.
- **Promoting health system resiliency during times of crisis must be a private-public priority.** This requires a multi-faceted strategy including, but not limited to, additional mental health resources for healthcare workers, the establishment of a consistent data reporting approach to direct resources where they are most needed, flexibility in the application of licensure restrictions, expanded use of telehealth and home care services, and the use of value-based payment approaches to enable early interventions for high-risk individuals.

Thank you again for considering our recommendations to prepare for and respond to major disaster with public health implications. HLC looks forward to continuing to collaborate with you on this important issue. If you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,



Mary R. Grealy
President

Attachment